

CONTINUING EDUCATION CONTACT VERIFICATION

LICENSEE'S NAME: _____

SOCIAL WORK LICENSE NUMBER: _____

TO BE COMPLETED BY INSTRUCTOR, OR SPONSORING AGENCY/GROUP

On this date, _____ (specify calendar date), I certify that the Social Work Licensee named above attended a workshop, program, or in-service training session or completed a course of study on _____ (specify program title), for a total of _____ contact hour(s) of instruction – not including registration time, refreshment break time, or meal break time.

I further certify that the topic(s) covered on this date is/are relevant to social work practice and is/are not related to the specific administrative procedures of any single agency or organization.

CE PROVIDER AUTHORITY (check only one)

- ABSWE (Alabama Board Social Work Examiners) APPROVED CE
- ABSWE (Alabama Board Social Work Examiners) APPROVED PROVIDER
 - PROVIDER # _____
- RECOGNIZED THIRD PARTY APPROVAL (SPECIFY) _____
(Must be Social Work related)
 - ASWB – Association of Social Work Boards
 - NASW – National Association of Social Work
 - STATE SOCIAL WORK BOARDS - any other State Licensing Social Work Board
 - NBCC – National Board of Certified Counselors
 - ABNP – Alabama Board of Nursing
 - APA – American Psychological Association
 - CSWE – Council on Social Work Education Accredited University

NAME OF PROVIDER: _____

PROVIDER # _____

NAME(S) OF PRESENTERS: _____

LOCATION (CITY) OF PROGRAM: _____

AUTHORIZED SIGNATURE: _____

THIS FORM SHOULD BE RETAINED BY THE SOCIAL WORK LICENSEE AND SUBMITTED WITH RENEWAL APPLICATION FORM AND FEE AT THE TIME OF THE NEXT RENEWAL APPLICATION. THIS FORM MAY BE REPRODUCED LOCALLY. EXTRA COPIES OF THE FORM MAY BE OBTAINED FROM THE BOARD OFFICE AT 100 NORTH UNION STREET, SUITE 736, MONTGOMERY, AL 36104, or by our Web page: www.socialwork.alabama.gov